



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name STEINER	First Name ROBERT	Middle Name CHARLES	Nickname BOB	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 8901 E 21ST ST.		5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City INDPLS	State IN	ZIP Code 46219	8. County MARION	9. Telephone (Day) 317,899,2390
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) WARREN TOWNSHIP CONSTABLE	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name ROBERT C STEINER FOR CONSTABLE				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 8901 E 21ST ST		15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City INDPLS	State IN	ZIP Code 46219	18. County MARION	19. Telephone 317,899,2390
20. Committee Organization Date (MM-DD-YY)				
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson ROBERT C STEINER				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 8901 E 21ST ST		23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City INDPLS	State IN	ZIP Code 46219	26. County	27. Telephone (Day)
28. Telephone (Evening)				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NONE				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer	Signature of the Committee Chairperson
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer ROBERT C STEINER			
34. Mailing Address <input type="checkbox"/> Check if this is a new address 8901 E 21ST ST.		35. FAX (Optional) ()	36. E-mail Address (Optional)
37. City INDPLS	State IN	ZIP Code 46219	38. County MARION
39. Telephone (Day) 317,899,2390		40. Telephone (Evening)	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson ROBERT C STEINER	Signature of Chairperson	Date (MM-DD-YY)
43. Typed or Printed Name of Candidate ROBERT C STEINER	Signature of Candidate	Date (MM-DD-YY)

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Elizabeth A. White

FEB 12 2010

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